

## ATTACHMENT B

INSURANCE (GARAGE LIABILITY AND GARAGE KEEPERS LIABILITY): The successful bidder **must** furnish evidence of Garage Liability and Garage Keeper's Liability insurance coverage in an amount sufficient to cover the total loss of the vehicle(s)/equipment is being assembled, repaired or rebuilt.

Evidence of such coverage shall be submitted to the City and shall not only detail the coverage limits but must also comply with the following:

A. The "City of Milwaukee" must be named as additional insured.

B. The **original** insurance certificate must be issued by companies licensed to do business in the State of Wisconsin **or** signed by an agent licensed by the State of Wisconsin.

C. The cancellation clause must be amended to read as follows:

**"Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left." (See attached sample)**

D. The insurance certificate must be accompanied by an "Affidavit of No Interest" setting forth that: No City official or employee has or will receive anything of value in connection with the furnishing of said insurance certificate.

- The affidavit must be notarized and signed by the same Wisconsin or Surplus Lines Intermediary agent who signed the original insurance certificate.

- The affidavit must make reference to all of the insurance companies listed on the certificate.

E. This Insurance Certificate and Affidavit of No Interest must be approved prior to the commencement of any work.

F. The certificate holder shall be noted as:

City of Milwaukee  
Department of Administration  
Business Operations Division, Procurement Services Section  
200 E. Wells St., Room 601  
Milwaukee WI 53202  
Attn: (Purchasing Agents named in the Invitation to Bid)

G. The corresponding City bid, contract and/or purchase order numbers must be referenced in the Description of Operations box found in the certificate and on the Affidavit of No Interest.

**NOTE: THE INSURANCE CERTIFICATE AND AFFIDAVIT OF NO INTEREST MUST BE ORIGINAL DOCUMENTS. COPIES ARE UNACCEPTABLE.**

CERTIFICATE OF INSURANCE REQUIREMENTS

To comply with the requirements as issued by Risk Manager, Office of City Attorney, the CANCELLATION CLAUSE on the certificate MUST be modified and revised as shown below.

If this CANCELLATION CLAUSE is not modified according to the sample below, the Certificate of Insurance will be rejected by the City and will cause delay in the commencement of your Contractor's activities.

**REQUIRED CANCELLATION LANGUAGE**

**"SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~"**

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CONTRACT \_\_\_\_\_

**AFFIDAVIT OF NO INTEREST**

**AFFIDAVIT MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE  
ISSUED, INCLUDING NEW AND RENEWALS**

\_\_\_\_\_, being first duly sworn, on oath deposes and  
(Insurance Agent that signed insurance certificate submitted) 1

says that he/she is the agent of \_\_\_\_\_

\_\_\_\_\_  
(Insurance Company(s) Named on Insurance Certificate that apply -under Insurers Affording  
Coverage) the insurer on the attached certificate issued to

\_\_\_\_\_  
(Name of Insured/Contractor listed on insurance certificate)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee  
has any interest, directly or indirectly, or is receiving any premium, commission, fee or other  
thing of value in connection with the furnishing of said insurance certificate.

\_\_\_\_\_  
(Agent's Signature)

STATE OF \_\_\_\_\_)  
\_\_\_\_\_)ss  
\_\_\_\_\_COUNTY)

Subscribed and sworn to/before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_, Notary Public

My Commission expires: \_\_\_\_\_.

**NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED  
AND SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE  
OF INSURANCE.**

\_\_\_\_\_  
1 The name of the insurance agent signing this affidavit –not the name of the insurance company. The same agent  
whose name/signature is on the insurance certificate must complete this affidavit.